

THE MEDICAL NEWS AND LIBRARY.

VOL. XVI. MARCH, 1858. No. 183.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Quinine in Typhoid Fever.—We had the opportunity of seeing a case of typhoid fever on January 14, at St. George's Hospital, under Dr. FULLER's care, which was being treated by quinine. The patient was a little boy, eight years old, who was admitted with well-marked symptoms, but whose previous history was imperfect. He had a very distinct mulberry rash over his body. Ten grains of quinine were ordered the first day every two hours, and the change produced in the general symptoms was positively striking; the pulse came down, his skin was cool and moist, diarrhoea ceased, and his tongue was moist. As this was the case, Dr. Fuller did not desire to push the large doses (he had taken three only), but

continued the medicine in two-grain doses three times a day, with four ounces of wine, and the little fellow is going on well. This is the third case in which this plan of treatment has proved successful in Dr. Fuller's hands; it has been employed elsewhere with great benefit.—*Lancet*, Jan. 23, 1858.

Conium in Indurations of the Tongue.—Conium in very large doses is a favourite remedy with Mr. LLOYD, of St. Bartholomew's. An interesting case has been recently discharged from his care, in which an indurated lump in the tongue very markedly softened down under its use. The patient was a married woman, aged 47, who had had several miscarriages, but no living children. Her aspect was suggestive of syphilis, but there were no positive facts either in the history or existing symptoms.

Published monthly by BLANCHARD & LEA, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

Note.—In no case is this periodical sent unless the subscription is paid in advance.

When we saw her last, she had taken the conium (in doses of five grains, gradually increased to a scruple, three times daily) for several months, and the induration, which had been large, and had occupied the centre of the organ, had all but vanished. It had been suspected, at first, to be of malignant nature.—*Med. Times and Gaz.*, Jan. 2, 1858.

Antimony in Delirium Tremens.—Mr. PAGE has recently employed antimony in combination with opium in the treatment of some cases of the more sthenic form of delirium tremens under his care in St. Bartholomew's, and has expressed himself well satisfied with the results. The practice is, of course, nowise novel, but it is an important one to be borne in mind. The experience of many bears out the fact, that in cases in which opium alone does not succeed in allaying nervous excitement, the addition of salines or of ipecacuanha often will. Thus a much smaller dose of the narcotic will be required for a given effect. We need hardly add that the combination of antimony with opium was a very favourite one with Dr. Graves.—*Ibid.*

Employment of Sugar in the Dyscrasia attending Bronzed Skin.—Dr. TODD, in a case of bronzing of the skin, now under his treatment in King's College Hospital, has ordered the free dietetic employment of sugar. The patient, a woman, is believed to have derived considerable benefit from it in relief to the malaise and debility from which she suffered. The theory of the treatment is, we believe, based on the belief (founded on analysis of the blood) that the sugar-making function of the liver is interfered with by the disease. The suggestion is certainly well worth a trial, since the treatment can at any rate do no injury.—*Med. Times and Gaz.*, Jan. 23, 1858.

Permanganate of Potash as an Astringent.—Mr. LLOYD, in some remarks to his class the other day, in his Syphilitic Ward at St. Bartholomew's, spoke very highly of the good effects which he had obtained from solutions of the permanganate of potash used in cases requiring astringents. We understand that the same remedy is much employed at the Liverpool Infirmary for the removal of fetor from sloughing wounds, etc. The power of the solution as a pre-

servative fluid, is well known. Mr. Lloyd stated that he had begun with five grains to the ounce, but increased it to a drachm. In one case of very chronic leucorrhoea, in which the lips of the os uteri were swollen and spongy, it had effected a complete cure, after many other remedies had wholly failed. It is being used at St. Bartholomew's as an application to warts, etc.—*Med. Times and Gaz.*, Jan. 9, 1858.

Manipular Reduction of Dislocations of the Femur.—A fortnight ago, no fewer than three cases of dislocations of the femur were admitted during one week into the London Hospital. Pulleys were not used in any one, nor was it necessary to send for the surgeon under whose charge they nominally came. In the first, Mr. FORBES, the House-Surgeon on duty, informs us that he succeeded easily by simple extension with the hand; and, in the other two, the plan by manipular rotation, to which we have so often adverted, was had recourse to. In both, an immediate and easy reduction was effected. All the cases were recent. The testimony concerning the superior advantages of this over the old and more violent methods, is now generally acknowledged. Not long ago, a lengthy report of numerous and most successful trials of it appeared in one of the American journals.—*Med. Times and Gaz.*, Dec. 26, 1857.

Unusual Dislocation of the Femur.—An opportunity for examining a rare form of dislocation of the femur occurred the other day at the London Hospital. A moderately stout man, aged 50, had been admitted, under Mr. LUXE's care, after having fallen into a dry dock. A dislocation of the left femur was easily diagnosed, but the symptoms were peculiar, inasmuch as the limb was lengthened one inch, without either inversion or eversion; yet the head of the bone could be easily felt, and was thought to be in the ischiatic notch. By manipular movements, reduction was easily effected about an hour after the accident. The man subsequently died from the effects of broken ribs. At the autopsy, Mr. FORBES, the House-Surgeon, before dissecting the parts, again dislocated the bone. This was done with ease, and it was clear that the original form of dislocation had been reproduced, as the bone could not be made to assume any other position. The head of the bone proved to

be displaced neither into the ischiatic notch nor the thyroid hole, but midway between the two, immediately beneath the lower border of the acetabulum. The gemellus inferior and the quadratus femoris had been torn, the ligamentum teres had been wholly detached, and there was a laceration in the lower part of the capsular ligament. These irregular forms of dislocation of the femur appear, judging from the recent experience of our Metropolitan Hospitals, to be far from infrequent. The fact is, the head of the femur may rest anywhere outside the brim of its acetabulum, and does not by any means necessarily slip into one or other of the positions which had been allotted to it under such circumstances in surgical classifications. It is an important feature in the plan of treatment by manipulation that an accurate diagnosis, as to exact position, is by no means necessary to successful reduction.—*Med. Times and Gaz.*, Jan. 2, 1858.

Death after Excision of the Knee-Joint.—About a month ago, Mr. PRICE excised the knee-joint in the "Great Northern Hospital," on account of rectangular ankylosis. The patient, a lad of 19, was in good health, and all disease in the joint had long subsided. It was therefore an operation *de complaisance*, and we regret to have to add that it has been followed by a fatal result. The poor fellow sank under double pleuro-pneumonia on the thirtieth day after the operation. The chest symptoms set in on the seventh day, and excepting some sloughing of the skin, the parts concerned in the excision had been doing favourably. The bones were in good position throughout, but a portion of the femur was bared of periosteum. The alternatives of the procedure which was adopted, would have been either to have amputated below the knee, or to have allowed the lad to remain as he was, with a stump fitted to the knee, and the leg projecting behind.—*Med. Times and Gaz.*, Jan. 16, 1858.

Puncture of the Head in Hydrocephalus.—This operation is resorted to with extreme rarity in London practice. On Tuesday last, Mr. LAWRENCE adopted it in a case of much interest. The patient was an infant, aged nine weeks, the subject of congenital hydrocephalus. Part of the bones of the skull were separate from each other, and their margins could be easily felt. The chief

protuberance was backward, the forehead being very slightly enlarged. The symptoms had become urgent, the child being dull, and almost in coma, and its eyes fixed and motionless. A small trocar was used, and about eight ounces of clear serum removed. The operation was borne remarkably well, and was productive of great immediate relief. No irritation whatever appeared to have been caused, nor was there any tendency to syncope. The mother was allowed to take the child home in the evening, and up to the time of its removal, all seemed to promise well. We shall advert to the final result at a future time. The fluid removed was albuminous, of sp. gr. 1009, very alkaline, and effervesced on the addition of acid.—*Ibid.*, Jan. 2, 1858.

Stricture of the Urethral Orifice following Amputation of the Penis.—A very instructive case has recently left Mr. ERICHSEN'S wards in University College Hospital, illustrating the necessity for the care which surgeons devote to prevent the urethra from contracting after amputation of the penis. We have often had occasion to allude to the different expedients: free removal of integument, cutting through the corpora cavernosa, higher up than the corpus spongiosum, introduction of a seton, etc., which are adopted by different surgeons with this object in view. In the case alluded to, the penis had been amputated six years ago for cancer, and the man, now aged 73, came under Mr. Erichsen's care in November last, on account of a stricture at the orifice which had resulted, and as the consequence of which extravasation of urine had occurred. There were no fewer than seven fistule in the perineum, and much adjacent induration and thickening. All attempts to cure the fistule by dilating the constricted orifice having failed, perineal section was performed, with the intention of securing a single direct and central false passage. The man recovered well, and has been very greatly relieved by the measures adopted, most of the old fistule having already closed, and the irritation subsided.—*Med. Times and Gaz.*, Jan. 9, 1858.

Singular Accidents.—Two singular accidents presented themselves in the out-patient's room. One was dislocation of the humerus into the axilla, with fracture of the clavicle on the same side—a complication

very rarely observed. The other was a dislocation of the jaw, on one side only, from yawning. The patient was an old man. The dislocation was, as usual, very easily reduced.—*British Med. J.*, Dec. 26, 1857.

Traumatic Tetanus.—A case of tetanus occurred here a short time since, in which the disease presented the peculiarity of having followed a mere blow on the nose. It terminated fatally in a fortnight with persistent trismus, but only one attack of general spasms. The treatment was by musk and opium.—*British Med. J.*, Dec. 26, 1857.

Use of the Écraseur in Ovariectomy.—In a case of ovarian tumor at the Samaritan Hospital, last Tuesday, Mr. SPENCER WELLS proposed to use the écraseur for the division of the peduncle, should it prove, after exploratory incision, that the sac or tumour was non-adherent. The tumour was a very large one, and interfered materially with the respiration and comfort of the patient, an unmarried young woman. Mr. Wells made an exploratory incision between two and three inches long in the linea alba, commencing an inch below the umbilicus, opening the peritoneum carefully upon Mr. Key's broad hernia director. Then, instead of finding the sac, as usually happens, some folds of small intestine, distended with gas, appeared in the wound. On introducing the finger, the tumour was felt behind several other folds of intestine. It was movable, but it would have required so large an incision to reach it, and so much manipulation of the intestine, that it was determined to close the wound at once. Up to Thursday afternoon, the patient was going on well, not having had a bad symptom. A curious point of diagnosis was brought out in this case. The abdomen was quite dull on percussion at the very spot where the incision was made, and where the distended intestine was interposed between the tumour and the abdominal parietes. This fact was completely established by Dr. Routh, Dr. Graily Hewitt, and others, even after the closure of the wound, so that, had the cyst been tapped without an exploratory incision previously, it is quite certain the trocar would have gone through a fold of intestine. The écraseur seems likely to prove of great use in ovariectomy, as the ligature of the peduncle and the consequent death of the

stump are doubtless causes of the peritonitis which so often leads to a fatal result. This case of Mr. Wells's is most likely the first in which the use of this instrument has been proposed, with the exception of a case of Dr. Snow Beck's, some months ago, in which Mr. Wells also proposed the exploratory incision and écraseur, but which was afterwards treated by iodine injection.—*Med. Times and Gaz.*, Jan. 2, 1858.

More than a hundred Nevi on the same Infant.—Nævi, as is well known, not unfrequently occur two, three, or more on the same subject. A case, however, in which their number has exceeded what we have either ever witnessed or noticed on record, has been under observation amongst Mr. HUTCHINSON's out-patients, at the Metropolitan Free Hospital, for some months past. When first brought, the infant, a healthy boy, was three weeks old. His scalp, face, shoulders, body, and upper parts of the anus, were literally covered by a scattered crop of bright, cutaneous nevi. These varied in size from a four-penny-piece to a split pea, or even smaller, but the smallest, from the peculiarly bright and florid hue, were very conspicuous. Some of the largest were on the face and scalp. All of them were well circumscribed, and quite distinct from each other, and all appeared to be limited to the most superficial layers of the skin. The infant's appearance was very remarkable. Its mother stated that a few of the marks had been noticed on the day of birth, but that these had increased in size, and that many others had since come out. During the first week or two of her attendance at the hospital, the efflorescence continued, and on the third visit, an attempt being made to count them, they were found to number upwards of a hundred and fifty. The largest were now about the size of sixpences. The treatment pursued consisted in applying a little of the compound iodine ointment once or twice a day to the spots separately, and in the course of a few weeks this appeared to be exerting a very perceptible influence. It was steadily continued, and now, after the lapse of six months, not more than a dozen remain, and those mostly on the scalp. It is intended to apply the nitric acid to these remaining ones, should they not diminish. The infant has retained excellent health, and the ointment (which is a favourite with Mr. Hutch-

inset for this purpose) has never caused any material irritation to the skin.—*Lancet*, Jan. 16, 1858.

Rapid Death from a Laceration of the Kidney.—The very rapidly fatal effects of a laceration of the kidney from contusion were well exemplified by a case which occurred a short time ago under the care of Mr. PATER, in St. Bartholomew's. A little girl, previously in excellent health, was admitted, having been run over by a cart, the wheel of which was stated to have passed over her back. There were no external marks of bruising. She was pallid, pulseless, and in deep collapse. Death followed ten minutes after admission, and twenty from the time of the accident. At the autopsy, the chief injury found was an extensive laceration of the right kidney. There was also a small quantity of blood in the right pleural sac, although no fracture of the ribs or laceration of the lung could be detected. The intestines were uninjured, and there was no ecchymosis about the lumbar region. The profound collapse in this case, and the rapid death, are features which present a very marked difference from what usually follows rupture of the bladder. After the latter accident, so contrary from what might have been expected, the evidences of shock are often very slight, and the supervention of serious symptoms long delayed. In the one case, however, it must be remembered that death ensues directly from the shock consequent on injury to a large and highly organized viscus, whilst, on the other, it is merely secondary, and dependent upon the extravasation of the contents of a hollow organ, which is of itself fairly tolerant of violence.—*Med. Times and Gaz.*, Jan. 16, 1858.

Diagnosis between Cancer and Condylomata.—A young married woman is now under Mr. LLOYD's treatment in St. Bartholomew's, whose case well exemplifies the need for great care in expressing opinions as to the nature of growths which have the slightest resemblance to cancer. She was originally admitted about nine months ago, for some small indurated tubercles on one labium, not at all dissimilar from condylomata, of more than usual hardness. There were three, and they were quite distinct from each other. This fact, together with the patient's age and good state of health, induced

many to believe them of syphilitic origin. Mr. Lloyd, however, held a contrary opinion, and determined to excise them. This was done, and on microscopic inspection the elements of epithelial cancer were detected in abundance. The woman left the hospital well, but she has now returned, with a recurrence of undoubted cancerous ulceration in the same site. The glands in the groin, being enlarged, have been excised.—*Med. Times and Gaz.*, Jan. 2, 1858.

Rules respecting the Treatment of Primary Syphilis.—It seems to be now pretty generally acknowledged, in hospital practice, that mercury should be given only in those cases in which the chancre presents marked induration, and that in all other secondary symptoms should be waited for before having recourse to specific treatment. In a large majority of sores not attended by induration, no constitutional phenomena will follow; and to discriminate between those likely to be so followed and the harmless class, is admitted to be impossible. There is, therefore, no alternative, except we would give mercury very often unnecessarily, but to wait in these cases until the real nature of the affection shall have been made manifest. In the non-indurated class, local stimulants, as sulphate of copper, lunar caustic, or the acid nitrate of mercury, are the old and still favourite remedies. If the chancre be seen within a week of its origin, whether induration have already commenced or not, we believe most surgeons would destroy it freely either by nitric acid or some other caustic.—*Med. Times and Gaz.*, Jan. 16, 1858.

Oncychia Maligna usually a Syphilitic Disease.—Two very instructive cases of the so-called "onychchia maligna" have recently been treated by Mr. HUTCHINSON at the Metropolitan Free Hospital. In the first of the cases referred to, a girl, aged 9, was sent by the surgeon whom she had attended to have her right thumb amputated, on account of a most severe form of the affection. The history given of her infancy was suspicious, but by no means positive. The result of treatment, however, fully bore out the diagnosis; for, although no benefit accrued during the first ten days of the mercurial (and indeed the ulceration threatened to become phagedenic), yet, no sooner was the constitution brought under the influence

of the remedy than the most rapid healing resulted. Dusting of chlorate of potash into the sore was the only local application which had been used, and to it, perhaps, some part of the credit should be given. The thumb end still remains clubbed and unsightly, but a new nail has partially formed, and in time the thickening will no doubt subside. The second case was a much more valuable one as regards positive evidence as to its pathology. A child, three years old, was brought to the hospital, presenting an onychia maligna of well-marked features, which had followed a slight trap of the thumb in the door. Her mother stated that she had been Mr. Hutchinson's patient in infancy, and on referring back to the notes it was found that when a few weeks old, she had been treated for congenital syphilis. This recorded fact was the more valuable, because, excepting the onychia, there was nothing in the child's present appearance which would have suggested a suspicion of hereditary taint. It was evident that the injury received had merely been the means of exciting and localizing a latent predisposition. Mercurials were prescribed, and the thumb soon got well. It follows as a consequence, that if this pathology of the disease be the correct one, amputation is never necessary. It has been long acknowledged by many surgeons that onychia maligna in the adult is an occasional though very rare symptom of acquired constitutional syphilis. Mr. Hutchinson holds confidently that this affection, when met with as it usually is in cachectic children, is, in a vast majority of instances, a manifestation of hereditary syphilitic taint, and curable by mercury.—*Ibid.*

Fetidities of the Contents of Hematocoele.

—It is perhaps as well to remember that the contents of old hematocoeles frequently assume more or less of the character of feces, as the practitioner is sometimes alarmed on cutting into such a tumour at the aspect of the contents, and is led for a moment almost to question the accuracy of a diagnosis which has perhaps been most carefully made. We have ourselves seen matter evacuated from such a tumour so exactly resembling the contents of the small intestine, as to cause even the very experienced surgeon who was operating to involuntarily start back, though, of course, he speedily reflected that the mistake was impossible in the case before him; and we

have also dissected such cases in the dead-house. A case even more striking occurred here, a few days ago, in a man who had both hernia and hematocoele, and where (the hernia having been reduced), the surgeon proceeded to open the hematocoele. The incision was followed by the escape of a gush of fetid air, causing the bystanders to imagine that the gut was opened. The man recovered without any bad symptoms. The presence of air in such degenerated blood-swings, is a fact which is new to us.—*British Med. Journ.*, Dec. 26, 1857.

Excisions of Portions of the Iris in Cases of Glaucoma.

—This new operation originated by Dr. GRAEFE, of Berlin, and has been practised by him, it is said, on a very extensive scale. Its principle, however, as we shall have to show, has not been wholly overlooked by former ophthalmic surgeons, though none certainly ever proposed so bold a manner for its carrying out. It has long been well known, that in certain forms of ophthalmia, some chronic, and others very rapid in their course, the globe coincidentally with intense pain, and loss of sight, becomes very hard, its humours meanwhile undergoing a peculiar loss of translucency. In these cases, it is evident that there is increased tension from increase of the fluid contents of the strongly incapsuled globe. To relieve this tension by paracentesis, has long been acknowledged to be an important aim in their treatment, though now, in looking back on actual practice, it must be acknowledged as strange that so palpable an indication was very rarely carried out. It had, however, its strenuous advocates. Without stopping to inquire in what tissue of the eye the primary inflammation occurred, it will be sufficient for our present purpose to state that the increased tension of the whole globe was an amply abundant explanation of the loss of vision, without supposing any actual disorganization of the retina. The disease we allude to has been known, for want of a better, by the name of glaucoma, acute or chronic as the case might be, the acute often destroying sight in a few days, the chronic requiring as many months.

Now it is in these cases that Graefe had advised the bold measure of a free incision into the eye, the evacuation of the whole of the aqueous humour, and the removal of from a fifth to a third of the iris. In ex-

plaining its good effects as due to relief of tension, we beg to be understood as offering what has appeared to English observers the most probable, not as representing its originator's views. The mode in which Graefe performs the operation is by passing a Beer's cataract knife into the sclerotic, about a line's distance from the margin of the cornea on the outer side, and having directed it forwards into the anterior chamber, cutting upwards so as to make an incision nearly half an inch in length. Through this the iris readily prolapses, or if it do not, is easily drawn by forceps, and a portion of it, varying from a fifth to a third of its whole, is cut away. The remains of the prolapsed iris is left in the wound. This is a fair description of the operation, as we have repeatedly seen it performed by Mr. Bowman, who was, we believe, the first to adopt it in this country. Mr. Bowman, however, prefers, instead of operating on the outer side of the eye, to cut obliquely upwards. This secures that a portion of the large, unshapely pupil shall be concealed under the upper lid. Mr. Critchett has endeavoured to carry out what he believes to be the principle of Graefe's, by a somewhat simpler procedure. He merely punctures the cornea, and draws out a portion of iris, performing, in fact, an operation for a large artificial pupil. He leaves the iris in the wound, holding that so left it secures a certain amount of draining away of the aqueous humour, acting as a sort of tent in preventing the healing of the wound.

Of operations of this class, performed more or less exactly after one or other of the methods described, probably not fewer than twenty have been done at the Moorfields Hospital during the past nine months. Both Mr. Critchett and Mr. Bowman have also, we believe, repeatedly operated in private in the same manner. Of the hospital cases careful notes have been preserved, and will no doubt be brought before the profession in due time. Meanwhile, as regards results, we believe we may state that in cases of acute glaucoma, those, for example, in which the sight has been very seriously damaged, in the course of twelve hours, or, at most, a few days, the operation is of the greatest possible benefit. Its introduction into practice is to be hailed the more gladly, because it is generally acknowledged that, in this affection, constitutional treatment is of very little avail. The only

expedient really efficient for its relief formerly known, was paracentesis of the globe, and of this, if not repeated at frequent intervals, the benefits, as might be expected, were too often only temporary. It did not secure a sufficient permanent escape of fluid from the over-distended globe. In all the cases of acute glaucoma in which we have seen it practised, the relief to pain has been prompt and complete, whilst, in most, the sight has been much improved. It would appear that improvement in vision may be expected to continue for two or three weeks afterwards, when, if the case has done well, it becomes stationary and permanent. Of the advantage of the operation in cases of chronic glaucoma, by far the larger class, we must speak much more cautiously. Some cases have seemed to derive benefit, others not. The matter is yet *sub judice*. Enough has, however, certainly been proved in favour of the operation to merit for it a patient trial from British ophthalmic surgeons. The disease, be it remembered, is one otherwise hopeless, or nearly so.

One acute case in which Mr. Critchett operated, made a deep impression upon us, as demonstrating that the defective vision does really, in a large measure, depend upon over-distension, and that upon the escape of fluid depends the relief obtained. A healthy looking man, of about 35, had lost the left eye from an injury some years ago. His sight with the right had been perfect until within a few days of his admission, when intense pain suddenly set in, and he rapidly became almost blind. The surgeon whom he consulted pushed a rapid course of mercury to slight pytalism, but without benefit, and then sent him to Mr. Critchett. The globe was then tender, very hard, intensely painful, and all its humours looked muddy, and of a greenish-yellow. He was at once placed under chloroform, the lost eye excised, and inflamed one operated on after the manner described. The restoration of transparency to the humours was immediate on the escape of the aqueous, a slight film on the capsule of the lens, however, still remaining. All pain was relieved, and during the next three weeks the man's sight continued steadily to improve.

Mr. Bowman states that he has noticed, almost invariably, even in chronic cases, that mobility is restored to the pupil by the operation, where it has been lost before.

Here for the present we leave this inte-

resting subject, hoping soon to see from the pen of one or other of the surgeons mentioned, an authentic and detailed account of their experience respecting it.—*Med. Times and Gaz.*, Jan. 9, 1858.

On the long-continued Use of Belladonna.

—A class of cases in which these solutions are exceedingly useful, are those in which either a central opacity of the cornea exists, or the iris is tied down by adhesions, and the pupil partially obliterated. Under either of these circumstances, artificial dilatation of the pupil often suffices to afford to the patient vastly improved vision. These objects the solution of belladonna or of atropine will accomplish for any length of time. The fact is well vouched for by writers, and is frequently confirmed in practice, that habit does not diminish its influence. We have known patients continue its employment for ten years or more, its activity being just as apparent at the end of the time as at first, and no increase in the strength of the solution having been required. It may, perhaps, be deemed rather clumsy practice to set a man to put drops into his eye every day for the rest of his life, when a simple operation for artificial pupil might at once secure the object desired; but still, there are circumstances, and those not of unfrequent occurrence, in which the former practice is preferable to the latter. The one requires a skilled operator, whilst the other is devoid of the slightest risk, and open to the adoption of any one. At any rate, it is to be regretted that the efficiency of the plan by the permanent use of belladonna is not more widely appreciated than it is. The cases scattered up and down the country are probably not a few in which great benefit would be derived from its adoption.—*Ibid.*

Suppuration of the Eyeball in connection with Gout.

—There is at present a poor man attending Mr. CRITCHETT'S out-patient clinique at the Moorfields Hospital, in whom suppuration of the globe has followed repeated attacks of gouty inflammation. He is of very cachectic appearance, and of 58 years of age. His father was liable to gout, and for the last twenty-three years he has himself suffered from it, generally twice a year. Formerly, it used to attack his feet, but, for the last five years, it has confined itself to the hands. The joints of the fingers are much thickened and crippled by deposit.

Five years ago, the right eye was first attacked, and in the course of repeated inflammations during the three following years it was so far damaged, that there remained but the merest perception of light. In this condition it remained quiescent for two years, when the acute and destructive attack set in. He was admitted under Mr. CRITCHETT'S care on December 4, the affection having then lasted three weeks, and the globe having already suppurated. The sclerotic gave way on its outer side, and about three weeks later the lens escaped. The inflammation was most intense, the lids being very much swollen, and of almost livid redness. Colchicum and alteratives were first used, and subsequently quinine. The globe has now partially collapsed, and the effects of the attack are slowly subsiding. Gouty iritis is by no means a rare affection, but for suppuration of the globe to occur in connection with the arthritic cachexia is, we suspect, extremely unusual.—*Med. Times and Gaz.*, Jan. 16, 1858.

Slitting up the Lacrymal Canals.—The practice of slitting up the lacrymal canals and their orifices, originally introduced by Mr. BOWMAN, for the treatment of certain cases of epiphora, still continues to be extensively employed at the Moorfields Ophthalmic Hospital. It is adapted to all cases in which either the punctum is narrowed or displaced outwards, and these constitute a very numerous class. In almost all cases of long-continued *tearæ*, in which, by degrees, the thickening of the lower lid has everted its edge, this simple procedure relieves the patient of his most troublesome symptom. Mr. CRITCHETT has recently had made some grooved steel probes for this operation, which materially facilitate its performance. The silver ones formerly employed being necessarily very small, were unsteady as guides to the point of the knife. The steel ones, on the contrary, give it good support, and their groove is of great advantage in securing that it shall glide easily in the right direction. To secure smoothness of surface, and prevent rusting, the steel probes are gilt. A Boer's knife is the best, and with these instruments the operation is one of extreme ease.—*Med. Times and Gaz.*, Dec. 26, 1857.

Syphilitic Ulceration of the Retina.—The revelations of the ophthalmoscope bid fair

to add a peculiar form of retinitis to the acknowledged rôle of symptoms due to constitutional syphilis. A fortnight ago, we noticed a very interesting case, in which lymph had been seen deposited on the retina of an infant, the subject of hereditary syphilis. A few days afterwards, Mr. CRITCHETT admitted a second case, in which a girl, whose history and appearance led to the belief that she was the subject of the same kind of taint, was losing sight in both eyes, from the punctate effusion of lymph on the retina. Two other cases are attending Mr. Critchett's clinique, in which, in connection with acquired syphilis, retinitis with effusion has occurred. In one, the effusion is in the form of isolated white dots; but, in the other, the whole visible extent of retina is cloudy and opaque, the optic nerve itself being but dimly seen. It is worthy of note, that in neither of these cases has there been any iritis or affection of the anterior parts of the globe.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgery in San Francisco.—Dr. E. S. COOPER, of this city, has recently ligated the primitive carotid artery in two cases—the external iliac in one, the axillary in one; removed a large fibro-cartilaginous tumour from the uterus; made the Cæsarean section in one; excised parts of three ribs, and removed a foreign body from beneath the heart; excised the sternal extremity of the clavicle, and a portion of the summit of the sternum, together with the excision of nearly all the joints, in different cases, all successfully.

This embraces a list of formidable operations, which, being attended with favourable results, are worthy of note. This uniform success in operations of such magnitude must, in part, be attributed to the effects of our climate, which, for the recovery of patients after receiving serious injuries, is, at least, unsurpassed in any part of the world.

There have been many other capital operations successfully performed in various parts of this State, which we are unable, for want of data from the operators, to specify. There is no country in the world, where, in the absence of war, mutilation and deformities from injuries are so common

and so serious as in California; and it is not, therefore, remarkable that our surgeons have opportunities of practice which can be found only in the hospitals of other countries.—*The Pacific Med. and Surg. Journ.*, Jan., 1858.

American Medical Society in Paris.—To the editors of medical journals and periodicals in the United States:—

GENTLEMEN: It is now upwards of six years since a number of American physicians in Paris united to form an Association under the title of the "American Medical Society in Paris."

Under Article II. of the Constitution, which was then adopted, entitled "Of the Objects," the first and third clauses read as follows:—

"The objects of this Society shall be—

"1st. The formation of a library, especially of American medical literature, which shall be freely open to the scientific men of every country.

"3d. The diffusion of American contributions to medical science."

The Society was early impressed with the fact, which is apparent at the first glance, that the most important means for facilitating the accomplishment of these objects (the extreme utility of which cannot be doubted) was the regular reception by it of the periodicals wherein the daily progress of medical science in the United States is chronicled. Owing, however, to the peculiarly and necessarily variable character of its numbers and resources, its members did not feel that they had the right to impose upon those who should follow them, and who might find the Society in a much less flourishing condition than it then was, so heavy a responsibility as the subscription to even a small proportion of the scientific journals of the United States would entail. They therefore, through their Corresponding Secretary, made an appeal to the editors of such publications in America to furnish to them, free of expense, the respective journals which they conducted. This appeal (doubtless in view of the national character of the undertaking) was promptly and generously responded to, and, for a time, the table of the Society was well supplied with American publications. These, however, have been gradually discontinued, until, at present, there are but two which are regularly received. Being fully aware that this discontinuance of your favours is

owing to the fact that the existence and importance of the Society have not been recently sufficiently kept before the eyes of the profession at home, and relying upon your already experienced generosity, as well as in view of the fact that valuable periodicals are now in successful operation which were not in existence at the time of this first appeal, the Society at present earnestly resolved to do all in its power to fulfil the designs of its founders, has instructed its Corresponding Secretary to renew the request, and to forward it to five of the prominent journals in the United States, requesting its insertion. Gentlemen wishing to accord this favour, will please forward their journals to Mr. PAUL BOSSANGE, 20 Beekman St., New York, who has generously offered to transmit, free of expense, all books and papers intended for the Society.

BENJ. LEE, M. D.,

Corresponding Secretary.

Hall of the American Medical Society, Paris.
Jan. 12, 1858.

Another death from Chloroform.—A gentleman, by the name of McCheaney, died suddenly, in Toronto, Feb. 1, in a dentist's chair, after taking chloroform for the purpose of having teeth extracted.—*Boston Med. and Surg. J.*, Feb. 4, 1858.

The Pacific Medical and Surgical.—This is the title of a new monthly journal, edited by Drs. John B. Traak and David Wooster, of San Francisco; the first No. of which was issued in January last. This No. is highly creditable to editors and contributors, and we trust the former will receive the support they merit.

OBITUARY RECORD.—The sudden death of Dr. SEPT. A. OGIER, physician, by a collision with the cars, near his residence in West Whiteland, Chester County, Pa., in November last, is already known to many of our readers. This estimable physician, though but a few years engaged in practice, was extensively and favourably known in the profession, and enjoyed, in a rare degree, the confidence and affection of the community in which he lived. He was a native of Charleston, S. C., and resided in that city a short time after he graduated. At the time of his death, he was one of the Secretaries of the Medical Society of the State of Pennsylvania. He was one of the most efficient

members of the Chester County Medical Society, seldom absent from its meetings, and always, when present, contributing largely to the interest of the occasion.

At the stated meeting of that Society, held January 26, 1858, the following preamble and resolutions were unanimously adopted, viz:—

"Whereas, This Society has been called to mourn the loss of Dr. S. A. Ogier, one of its most esteemed, active, and useful members, under circumstances the most painful—bereaving an estimable wife of a devoted husband, lovely children of a kind and affectionate parent, and a confiding community of a worthy, faithful, and intelligent physician—therefore

"Resolved, That this sudden death of Dr. Ogier, on the 26th of November last, was an event which cast a deep gloom over the community in which he lived, and deprived our Society, and the profession in general, of one of its most honored and useful members.

"Resolved, That we mingle our warmest sympathy and deepest sorrow with the keen anguish and bitter grief which this melancholy event has occasioned in the minds of his heart-stricken family, and of the numerous friends who gathered around his lifeless remains, as an earnest token of their admiration of his many virtues.

"Resolved, That the Biographical Committee be directed to prepare a notice of the deceased, in accordance with the request of the State Society.

"Resolved, That the Secretary be directed to forward a copy of these resolutions to the family of the deceased, and to furnish a copy for publication."

FOREIGN INTELLIGENCE.

Chlorate of Potash in Ptyalism.—The powers of chlorate of potash in arresting ptyalism, although now usually had recourse to by most of our hospital physicians, are still not so widely known as they deserve to be. Given in doses of a scruple every four hours to an adult, and in proportionate ones to younger patients, this salt will, in the course of a few days, mitigate, in the most marked manner, all the distressing symptoms of this affection. The gums acquire firmness, and the flow of saliva

diminishes. Although this point must not be regarded as settled, yet we know of no reason for believing that it exercises any influence in preventing the good effects of the mercurial upon the system generally. It probably merely cures the inflammation of the mouth. With regard to its potency in the latter direction, the results of careful experiments were recorded a few years ago, almost coincidentally, by English, French, and Swiss observers, all uniting in deeming that its efficacy was beyond the reach of the slightest doubt. In ordinary cases, a week is sufficient for a complete cure; and its benefits are usually perceptible in the course of twenty-four hours.—*Med. Times and Gas.*, Dec. 26, 1857.

Tracheotomy in Cancer of Larynx.—Amongst the more interesting of the specimens brought before the Pathological Society on Tuesday evening, were two specimens of cancer of the larynx, in the first of which the patient had been allowed to die unrelieved, and, in the second, life had been prolonged for upwards of a year by tracheotomy. The principle is an important one to establish in practice, that whenever death is in prospect from mechanical occlusion of the larynx, the operation should be had recourse to without regard to the exact nature of the cause. Its being cancer, or, what is more usually the case, its being suspected to be cancer, ought not in anywise to prevent this being done. A remarkable case is brought to our memory, which we witnessed some years ago, under Mr. HILTON's care, at Guy's, which bears on this point. The disease was not cancer of the larynx itself, but of one tonsil, involving the pharynx pressing down upon the larynx, and threatening complete occlusion. A portion of the growth had been excised for microscopic examination, and had been declared to be cancer. Suffocation being, however, imminent, Mr. Hilton performed tracheotomy, and the man, who recovered well, ever after wore the tube. The singular feature in the case now followed. The growth gradually diminished, and finally disappeared wholly. The man could now breathe through the natural passage, and used to wear the tube covered; he, however, refused to have the tube taken away. It was thought that the diagnosis had been erroneous, and that inflammatory swelling had been mistaken for cancer; but that it was

probably not so, seemed likely when we last saw the man. After the enjoyment of about a year's good health, he presented himself to Mr. Hilton at the City Hospital for Chest Diseases, with numerous scattered tubercles in the skin. Some of these were of large size, and their aspect was exceedingly similar to that of examples of multiple cutaneous cancer. Mr. Hilton advised him to come into Guy's, to have one, at least, of the tumours excised for examination, but this he declined, and we shortly afterwards lost sight of him.—*Ibid.*

Turpentine as a Detergent.—We noticed in use, the other day, at the Dreadnought, the oil of turpentine as a wash for stumps, etc., which may have got coated with plaster or other adhesive material. It is, we believe, also used at several other hospitals for the same purpose. The part is freely washed with tow dipped in turpentine. It does not appear to unduly irritate, but restores a healthy glow to the cutaneous surface, and the patients describe its effects as being pleasant rather than otherwise.—*Ibid.*

Acid Sulphate of Zinc Paste.—Among the new forms of caustic which the recent discussion respecting them has been the means of bringing into use, one of the most convenient appears to be the sulphate of zinc with sulphuric acid. The powdered salt is moistened with the concentrated acid, and applied in a paste form to the sore. It has been proposed, and successfully employed in one or two cases, by Mr. HENRY THOMPSON. A great recommendation is, that its ingredients are always at hand, and easily manipulated. Its efficiency also appears to be great, and the resulting cicatrix soft and good.—*Med. Times and Gas.*, Jan. 2, 1858.

Effect of Ferruginous Mineral Water on Lactation.—M. STANISLAS MARTIN observed, at Chateaufort in Auvergne, that gallinaceous and ruminant animals were exceedingly fond of the ferruginous waters, but that these exerted the mischievous effect of drying up the milk of the cows. Wishing to see whether this effect extended to the human subject, he induced a young mother to make use of some of the strongest of these waters during several days; and the result was that if she had continued to drink them, all her milk would have disap-

appeared. From this fact, among others, he cautions practitioners against prescribing ferruginous substances for nursing women, and when their employment seems clearly indicated.—*Med. Times and Gaz.*, Jan. 23, 1858, from *Bull. de Thérap.*, Dec. 1857.

Shampooing in Sprain.—This means of treating sprain, recently revived by M. GIRAUD, is frequently had recourse to by M. Nélaton, with complete and rapid success, both in recent and old-standing sprain. A case recently presented itself, in which a man sprained his ankle while leaping. Cold water was immediately and continuously applied, but he remained unable to walk for three weeks, when he came under M. Nélaton's care. It having been ascertained to be an example of simple sprain, one of the *externes* slid his fingers under the feet, and having greased the two thumbs, pressed these with increasing force over the painful parts for about a quarter of an hour. In the course of the day, the patient began to walk, and next day left the hospital.—*Ibid.*

Reduction of Hernia by Compression.—In the employment of the taxis, too much weight is sometimes laid upon the energy of the efforts, and the violence exerted upon the herniated parts. A man, aged 54, was brought into M. Nélaton's wards, having a large irreducible inguinal hernia. Many attempts at reduction had been made without success, when M. Nélaton employed compression in the following manner: A strip of gutta serena was placed over the upper part of the thighs, below the scrotum, and kept immovably in this position by means of bandages; a canvas bag filled with three or four pounds of sand was then applied over the tumour; this produced an uniform pressure, which was easily borne, and the mass diminished in size. The taxis was practiced from time to time, until the whole was returned.—*Ibid.*

Tartrate of Antimony in Colic.—Dr. PERRIN states, that having employed enemata of tartar emetic with good effect in several cases of rigid os uteri, he was induced to extend the same practice to a case of obstinate colic. About three grains were administered in eight ounces of sweetened water, and in about forty minutes the obstruction yielded without any apparent ad-

ditional nausea or prostration, the patient rapidly recovering.—*Ibid.*

Facility of the Production of Fractures in Paralysed Limbs.—Three interesting cases of fracture have been reported at the Société de Chirurgie by Baron LARREY, to prove the facility of the production of fractures in paralysed limbs. In one of the cases there was incomplete paraplegia of the lower limbs, with increased sensibility. During a moment of great suffering, the patient tried to put one of his legs upon the other, while he pressed upon the thigh with his hands, and the femur broke at about the middle of its length. Although simple, the fracture was very long in being cured, and the patient died from the progress of his paralysis. In a second case, there was also paraplegia besides amaurosis. While making an effort to put on a boot, the patient (who was only thirty years old) broke the femur in its lower part. The fracture was complicated with a laceration of the skin, through which the upper fragment of the broken bone protruded. The synovial membrane of the knee-joint had been wounded, and there was blood effused in the cavity of the joint. Spasmodic movements prevented the contact of the two fragments, but, nevertheless, consolidation took place irregularly. After various complications, however, the patient died. In a third case, there was also incomplete paraplegia, with exaltation of sensibility, in an officer forty years old. During an effort to take off a boot, the patient broke his thigh-bone. The fracture was at the inferior part of the bone, simple, and a little oblique. It has not yet been consolidated, although it took place more than ten months ago.—*Med. Times and Gaz.*, Jan. 9, 1858.

Transfusion of Blood.—Dr. BROWN SQUARD presented lately a paper to the Académie des Sciences, in which he tried to prove the two following propositions: 1st. That arterial or venous blood from an animal of any one of the four classes of Vertebrata, containing oxygen in a sufficient quantity to be scarlet, may be injected, without danger, into the veins of a vertebrate animal of any one of the four classes, provided that the amount of injected blood be not too considerable. 2d. Arterial or venous blood of any vertebrate animal, being sufficiently rich in carbonic acid to be almost

black (noirâtre): cannot be injected in the veins of a warm-blooded animal, without producing phenomena of asphyxia, and, most frequently, death, after violent convulsions, provided that the quantity of injected blood be not below one five-hundredth of the weight of the animal, and, also, that the injection be made not too slowly. Dr. Brown Séquard states that he has transfused in the jugular vein of dogs without any ill effect, blood of rabbits, guinea-pigs, cats, cocks, hens, pigeons, ducks, turtles and tortoises, frogs and eels. In rabbits and birds, he has also transfused blood of other animals, without any marked bad effect. He attributes chiefly to carbonic acid the phenomena which had been considered as due to differences in the blood of various species. In many communications to the Société de Biologie, the same physiologist has related facts to prove that in the experiments of Blundell, of Diefenbach, and of Prevost and Dumas, there were many causes of failure unknown to these experimenters, which have prevented them from re-establishing life permanently in dogs bled to death and transfused with blood from animals of another species. These causes of failure were, 1st, that too much blood was transfused at once; 2d, that the blood was not fresh; 3d, that it did not contain oxygen enough, and contained too much carbonic acid. Dr. Brown Séquard has ascertained that even the blood of birds, defibrinated and rich in oxygen, has been able to re-establish full and durable life in dogs, weighing from fifteen to twenty pounds, and having lost more than sixteen ounces of arterial blood—i. e., more blood than the dogs of Blundell had lost. From thirty to forty-eight grammes of bird's blood (one to one and a half ounce) have been sufficient, in many cases, to restore full life. —*Ibid.*

Precise Action of the Auriculo-Ventricular Valves of the Heart.—At the Grosvenor Place School of Medicine, last Friday, Dr. G. B. HALFORD, lecturer on Anatomy, gave a most important demonstration of this action. It has, up to the present time, been believed by all physiologists—all the most diverse theories starting from the same point—viz: that during the systole of the ventricles, the auriculo-ventricular valves become closed. The mechanism has been thus explained by Dr. Carpenter and others: "Whilst the ventricle is contracting upon

the blood that has entered it, the carnea columnæ, which contract simultaneously with its proper walls, put the chordæ tendineæ upon the stretch, and then draw the flaps of the valves into the auriculo-ventricular axis; the blood then getting behind them, and being compressed by the contraction of the ventricle, forces the flaps together in such a manner as to close the orifice, but they do not fall suddenly against each other, as is the case with the semilunar valves, since they are restrained by the chordæ tendineæ." — *Human Physiology*. Contrary, however, to the above usually received opinions, Dr. Halford stated their precise action to be as follows: That at the time of the relaxation of the ventricle there is the pressure of the column of blood in the artery upon the upper surface of the semilunar valves; the auricle now contracts, forcibly distending the ventricle, but not with sufficient force to open the semilunar valves; then, as soon as the blood gets to the level of the apices of the flaps of the valve, they begin to rise upon the surface of the fluid, and in this manner the flaps of the valve are carried up by the pressure of the fluid until the ventricle is distended, when they lie upon the surface of the blood, forming a septum between the auricle and ventricle. The ventricle now contracts upon its contents; the blood cannot bear compression; the auriculo-ventricular valve and chordæ tendineæ are made suddenly tense, and vibrate, causing the first sound. The pressure on the under surface of the semilunar valves overcomes that upon the upper surface; they give away; the blood passes into the artery, the base of the ventricle descending; the carnea columnæ contracting from base of heart to apex, and thus the chordæ tendineæ are kept tense, and the resistance of the auriculo-ventricular valve to the backward pressure of the blood maintained until the ventricle is emptied. To prove the above, Dr. Halford brought the heart of an ox, and experimented thus: The auricles were partly cut away, to show the auriculo-ventricular valves and the cavities of the ventricles. The coronary arteries having been tied, the aorta was connected to an elastic tube of like capacity, and this attached to a common forcing pump, by means of which a column of water was injected; but the aorta and the semilunar valves closed. Gentle pressure on the fluid was maintained, in imitation of what takes

place during life. The ventricle being empty and water thrown in through the auriculo-ventricular opening, the auriculo-ventricular valve became closed as the ventricle became filled; the more the ventricle was distended the greater became the pressure upon the under surface of the valve, and the more perfectly it was closed. When the fluid was simply dropped in, the valve became slowly closed; but when rapidly poured in as by the auricle, the valve was suddenly closed. It does not become tense until the ventricle contracts. The same experiment was tried with the right side of the heart, and with the like results. A sheep's heart was next taken, and connected as above with a stomach-pump, and the same results obtained. Drs. Billing, Carpenter, Richardson, and Leared, were present, taking great interest in, and assisting at the experiments. Dr. Halford concluded his demonstration by stating that he intended, if opportunity were permitted him, to apply the same test to the diseased heart before cutting into the organ as usually done; in this manner, we should better test the mobility and efficiency of the valves, and sooner arrive at the origin of morbid sounds. All present concurring in the importance of the suggestion, Dr. Halford begged them to disseminate the idea among their professional brethren.—*Med. Times and Gaz.*, Dec. 26, 1857.

Evils of the Modern System of Fattening Cattle.—Mr. GANTZ has done good service to the public in exposing some of the evils of the modern system of fattening cattle. Mr. G. has inspected the prize animals at the last exhibition of the Smithfield Cattle Club, has followed them to their destinations, and inspected them after death. He found exactly what any one would expect to find who had thought upon the physiological aspect of the question: fatty degeneration of the muscular tissue, and excessive deposit of fat in those situations where it is normally present. He also found numerous filarizæ in the lungs, tubercles in various stages, congested livers, and all the signs of general venous engorgement. It is quite clear that the nutritive value of the flesh of such animals is most materially diminished by the conversion into fat. A certain admixture of fat and muscle is desirable, but the conversion of muscle into fat is a change which seriously impairs the quality of meat. So far from these over-fed animals being

deemed worthy of a prize, the breeders should be condemned to a penalty. The panting breathlessness from the congested lungs and weakened heart—the dull, stupid expression from the congested brain—the inability to move—are positively disgraceful to agriculturists, and should certainly attract the attention of the Society for the Prevention of Cruelty to Animals.—*Med. Times and Gaz.*, Jan. 16, 1858.

Influenza.—This epidemic is very prevalent in St. Petersburg, Paris, Vienna, and Berlin. In Berlin, certain trials were obliged to be postponed, from the circumstance that out of twenty-four jurymen summoned, more than twelve were prevented being impanelled by being confined to their beds.

Petticoat Physic.—The pretensions of women to become members of the medical profession, might furnish a misogynist with apt illustration of the perverseness of the sex. As it is the one profession they are obviously unsuited for, it is the only one on which they have made an organized attack. If a fair field for simple intellectual labour be required, there is law and literature open to them. If the gift of speech so bountifully bestowed on the gentler sex, be the attainment that wants room for development, there is the bar and the church. The ladies of the bar, with artificial flowers in their wigs, gowns expanded in modern fashion, and plending with all the eloquence of *Portia*, would be dangerous rivals to practising barristers, especially when their natural aptitude for wearing ermine is considered.

But the profession of medicine is, and must ever be, closed against women. If they have not the discernment to perceive the reason, we feel called on to plainly state it. Continuous and regular attendance to daily duties are absolutely required from every conscientious person undertaking the care of the sick. With women this is impossible. Giving them credit for intellectual power, decision of character, and endurance of mental labor, equal to that of the male sex, we cannot set aside the physical disqualifications, entailed by their duties as wives and mothers. A woman enceinte is not fit to be intrusted with the life of a fellow-creature, nor is it well for herself or the child yet unborn, that she be exposed to

the revolting scenes which a medical man has to brave. When the fulness of her time has come, she is wholly incapacitated for a month; and then her duties to her offspring render it impossible that she can devote herself to other cares and other studies; or

"With lenient arts extend a mother's breath,
Make languor smile, or smooth the bed of death."

Her occupation is thenceforth of her home, homely. All this is the natural lot of woman, as it is her highest glory that this sequence of events should occur and recur *de capo* to the end of the chapter.

We have chosen the simple preordained law of Nature to refute these foolish virgins who pretend to have studied physiology, and, in defiance of its teachings, to attempt to thrust themselves into the profession. Of course, any arguments about predetermined spinsterhood, and registered vestal vows, are simply absurd. The stories of immured nuns, the history of "Heloise," and the legend of the "Princesses," all point the same moral. We now especially notice the subject, as an attempt is being made to establish a bazaar in London for assisting the funds of an hospital in New York which is officered by female doctors, with Miss Blackwell at their head. It has been reproachfully urged, that English women are so maltreated and subservient, that no hospital can be here established; so the "free sisters who weave their threads with bones," have been driven to America. Having thus heaped ashes on our heads by selecting another country wherein to flesh their maiden scalpels, our British good-nature is somewhat coolly appealed to for the purpose of keeping the new hospital going, and thus perpetuating the agonies of self-reproach that we ought to endure.

It is a pity that wise and earnest women do not strive to guide in a right direction the misdirected energy of these aspirants to the ranks of a profession for which they are physically disqualified by the Power that adjusted the laws of animal life. It should be remarked, that all these women who, *de facto*, offer to unsex themselves by assuming positions incompatible with the performance of their duties as wives and mothers, only aim at being hospital officials. We have not heard of one exposing herself to the wear and tear of the hard work of a country practice. It is like the angling ladies, who require some one to put on the bait,

and take off the fish, and hold an umbrella over them to keep off the sun, and then triumphantly entitle themselves expert fisherwomen.—*Lancet*, Jan. 9, 1858.

Food of Paris.—The Parisians are returning to the Roman type of luxury in their diet. They have become enamoured of snails (*escargots*). To such an extent has the consumption of snails increased, that it threatens seriously to injure the oyster trade. A whole side of the new fish-market is devoted to these delicacies amongst shell-fish, the rest being frogs (*crêpissées*). Paris, last year, used to eat 6,000 baskets of oysters per diem—that is, 78,000 of these molluscs; it now consumes but 52,000, or 4,000 baskets. These figures are obtained from the *octroi* returns, and are therefore reliable.—*Ibid*.

New Sydenham Society.—The inaugural meeting of this Society was held on Monday, January 18, 1858. Dr. WILLIAMS was called to the chair. Various resolutions constituting the Society, defining its objects, &c., were adopted, and officers for 1858 were elected.

President.—C. J. B. Williams, M. D., F. R. S., etc.

Vice-Presidents.—Sir Henry Holland, Bart., F. R. S.; Sir Philip Crampton, Bart., F. R. S.; Thomas Addison, M. D.; H. W. Acland, M. D., F. R. S., D. C. L., Oxford; William P. Alison, M. D., F. R. S. E.; B. G. Babington, M. D., F. R. S.; Thomas Mayo, M. D., F. R. S.; J. Y. Simpson, M. D., Edinburgh; J. A. Symonds, M. D., F. R. S. E., Bristol; Thomas Watson, M. D.; W. Sands Cox, Esq., F. R. S.; J. H. James, Esq., Exeter; Cæsar H. Hawkins, Esq., F. R. S.; James Paget, Esq., F. R. S.; Samuel Solly, Esq., F. R. S.; T. P. Teale, Esq., F. L. S., Leeds.

Council.—Robert Barnes, M. D.; William Brinton, M. D.; John S. Bristowe, M. D.; Andrew Clark, M. D.; C. De Morgan, Esq.; James Dixon, Esq.; W. T. Gairdner, M. D., Edinburgh; C. Radcliffe Hall, M. D.; Torquay; George Harley, M. D.; Thomas Inman, M. D., Liverpool; George Johnson, M. D.; Charles Murchison, M. D.; John W. Ogle, M. D.; Thomas B. Peacock, M. D.; Richard Quain, M. D.; W. Sedgwick Saunders, M. D.; William H. Stone, M. D.; Thomas H. Tanner, M. D.; John E. Erichsen, Esq.; John Hilton, Esq., F. R. S.; George M. Humphrey, Esq.,

Cambridge; William B. Page, Esq., Carlisle; H. Spencer Smith, Esq.; John S. Soden, Esq., Bath; Henry Thompson, Esq.; T. Jolliffe Tufnell, Esq., Dublin; T. Spencer Wells, Esq.

Treasurer.—G. Hilary Barlow, M.D., 5 Union Street, S.E.
Secretary.—Jonathan Hutchinson, Esq., 14 Finsbury Circus, E.C.

N.B.—Six vacancies yet remain for Provincial Members of the Council. These will be filled up when the canvass for members shall be more advanced.

At a meeting of the Council, held at Dr. Williams's, on January 25, the following was adopted as the

PROSPECTUS of the new Society:—

The objects to which the new Sydenham Society will direct its attention, are the following:—

I. The translating and editing of valuable foreign works on Medical Science, as also of important papers which may have recently appeared in foreign journals, transactions of Societies, etc. These works, papers, etc., will be translated in full, and brought out as early as possible after their original publication.

II. The reproduction of British works, lectures, and papers, which, while of great practical value, are out of print or difficult to obtain, excluding the works of living authors.

III. A Year-Book of Reports in abstract of the progress of the different branches of Medical Science, compiled by a Committee.

IV. Should the funds prove adequate, it is proposed also to prepare volumes of Medical Bibliography and Medical Biography.

It will be observed that the New Sydenham Society aims chiefly at the republication of modern works and papers, especially those of a directly practical class. In order to secure a representation of the wishes and opinions of the general body of members of the Society, it is proposed that its Council shall always include a certain number of provincial residents, and that its annual general meeting, at which the election of Officers and Council will take place, shall be held at the same time and place as the anniversary meeting of the British Medical Association.

After careful inquiry into the causes which led to the decline of the late Sydenham Society, it is believed that two of the most important were the expense of its

management, and the inefficient means employed for enlisting new members, collecting subscriptions, and issuing books. It is therefore proposed, in order to remedy these defects, that the new Sydenham Society shall adopt a system of rigid economy in its management; it is further contemplated to enlist a much larger number of local Secretaries, and to adopt other precautions for insuring punctuality in all its departments.

The assurances of support already received are so numerous, that it is intended that the Society shall commence its operations at once. The Council, however, earnestly beg of all interested in its prosperity to remember that great success can only be attained by a Society of this kind when the number of members is very large. The expense of printing 2,000 copies of a book is but little more than that of printing 500. It is merely the difference of paper, binding, and a trifle for presswork. It thus becomes the direct interest of every member to enlist as many additional members as possible, since, by so doing, he will not only extend the influence of sound medical literature, but will increase the number of works to be obtained for his own subscription.

The subscription will be one guinea annually, payable in advance.

NOTE.—It is intended, as early as possible, to appoint local Secretaries in all towns of sufficient size, and, by their aid, to make a general canvass of the profession. It will, however, very greatly assist the Council, if those gentlemen who have already determined on joining the Society, will forward their names to the Secretary without loss of time.

Academy of Medicine.—M. LAVIE has been elected President, M. CRUVEILLIER Vice-President, and M. D'EVERGIE Annual Secretary, for the ensuing year. Mr. E. DUBOIS (d'Amiens) retains his post as Perpetual Secretary.

Cold in Italy.—The weather, in Italy, is reported to be unusually severe. The cold in Turin is so great, that a sentry is said to have been frozen to death at his post.

OBITUARY RECORD.—Died at Brighton, after a lingering illness, on the 7th of Sept., SIR CHARLES MANSFIELD CLARKE, in the 76th year of his age.